

FILED MAR 29 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7995

0200

BIRTH NO. _____ REG. DIST. NO. 62 PRIMARY REG. DIST. NO. 4108 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY Cedar		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cedar	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Stockton, Mo		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Stockton	
d. FULL NAME OF HOSPITAL OR INSTITUTION At Home		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) Isaac		b. (Middle) Franklin	
c. (Last) Dodd		4. DATE OF DEATH (Month) (Day) (Year) Mar. 21, 1950	
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 25, 1864
9. AGE (In years last birthday) 85		10. IF UNDER 1 YEAR Months 6 Days 26	11. IF UNDER 1 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Benjamin Franklin Dodd		13b. MOTHER'S MAIDEN NAME Mallicoat	
14. NAME OF HUSBAND OR WIFE Dora Dodd			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Ray Dodd		ADDRESS Stockton mo	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic pneumonia Antecedent Causes Cerebral hemorrhage Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) Arteriosclerotic hypertension II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 3:11, 1950, to 3:21, 1950; that I last saw the deceased alive on 3:20, 1950, and that death occurred at 6 A. M., from the causes and on the date stated above.			
23a. SIGNATURE Wm. B. Riffert MD		23b. ADDRESS Stockton Mo	
23c. DATE SIGNED 3/21/50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Mar. 23, 1950	
24c. NAME OF CEMETERY OR CREMATOR Stockton City		24d. LOCATION (City, town, or county) Cedar County Missouri	
DATE REC'D BY LOCAL REG. 3-23-1950		REGISTRAR'S SIGNATURE Geneva Garrison	
FUNERAL DIRECTOR'S SIGNATURE John A. Cantlon		ADDRESS Stockton Mo	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
District Health Officer No. 7,
District File Number 2-50-208
Date Filed 3-28-50

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed John A. Cantlen

Licensed Embalmer No. 4387

P. O. Address Stockton Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.